PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Commissioner for Patents Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-288

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed otl	ng the Patent, advance of nerwise in Block I, by (a) specifying a new corre	spondence address;	and/or (b) indicating a sepa	rate "FEE ADDRESS" fo	r
CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
30734	hav							
				I hereby certify that this Fec(s) Transmitsion I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WASHINGTON	I, DC 20036-5304					(Depositor's name)	J	
							(Signature)]
			· L_				(Date)	J
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORN	EY DOCKET NO.	CONFIRMATION NO.	1
10/505,466 03/14/2005			Stephen Foster		DEHNF-001US		8885	'
TITLE OF INVENTION	: BREATHING DEVIC	E						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE T	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/19/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS]				
MITCHELL, TEENA KAY 3771		128-204180						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys **Baker & Hostetler LII**								т.р
	ondence address (or Cha 3/122) attached.	or agents OR, alternatively,						
Till "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agend) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)	-			•
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Electro Medical Equipment Limited Warwickshire, Great Britain								
Frazer-Nash Cobnsultancy Limited College Green, Great Britain								
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 😡 Corporation or other private group entity 🛄 Government								
4a. The following fcc(s)		Please first reapply any previously paid issue fee shown above)						
XXIssue Fee A check is encl				sed. lit card. Form PTO-2038 is attached.				
Advance Order -		e Director is hereby authorized to charge the required fee(s), any deficiency, or credit any rpayment, to Deposit Account Number 50-2036 (enclose an extra copy of this form).						
CO TO TO THE SAME	tus (from status indicate	4 -1	overpayment, to Depo	sit Account Numbe	er50-2	U36 (enclose a	n extra copy of this form).	
a. Applicant claim	b. Applicant is no lon	ger claiming SMAI	LL ENTIT	Y status. See 37 C	FR 1.27(g)(2).			
NOTE: The Issue Fce an interest as shown by the	d Publication Fee (if req records of the United Sta	uized) will not be accepte es Patent and Trademar	of from anyone other than to k Office.	he applicant; a regi	istered atto	rney or agent; or th	e assignee or other party in	i
Authorized Signature Date December 19, 2007							07	
	Stephen S		Registration N					
This collection of information is required by 7 CFR 1.31. The information is required to obtain or retain a benefit by the public which is to fit (and by the USPTO to process) an englication. Confidentiality is generated by \$3.1 U.S. 1.22 and 37 CFR 1.44. This collection is estimated to take 1.02 minutes to complete, including gatherings, propring, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for recluding this burden, should be sent to the Che Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Alexandria, Virgitia 2315-196. 13-430. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO. Commissioner for Patents, P.O. Box 1450, Under the Parenweight Reduction. And or 1995, to persons are required to respond to a collection of information unless it displays a valid focustry faculty.								